

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-SEP-2015		TIME 21:38:00	2. ADDRESS OF OCCURRENCE 1011 N LARAMIE AVE CHICAGO, IL 60651				3. LOCATION CODE 291	4. BEAT/OCUR 1531			
MEMBER INVOLVED <input type="checkbox"/> DNA	5. POSITION 9161	6. LAST NAME LESCH	7. FIRST NAME NICHOLAUS G	8. STAR NO. 13061	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 601	12. HT. 180			
	14. DATE OF APPT 29-NOV-2004	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 313 6734E	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME HARRINGTON	21. FIRST NAME PARES	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 602	27. WT. 180			
SUBJECT INFORMATION	28. TELEPHONE NO. [REDACTED]	29. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC, FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL	34. BY WHOM? DICKERSON	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. 19187856	IR NO [REDACTED]	DNA				
	38. <input type="checkbox"/> DNA	SUBJECT'S ACTIONS		ASSAULT/ASSAULT		ASSAULT/BATTERY		ASSAULT/DEADLY FORCE			
39. <input type="checkbox"/> DNA	MEMBER'S RESPONSE		IMMINENT THREAT OF BATTERY OTHER		ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER POINTED 9MM HANDGUN AT OFFICER				
40. <input type="checkbox"/> DNA	41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION POINTED 9MM HANDGUN AT OFFICER								
WEAPON DISCHARGE INCIDENT	POSITION	STAR NO	UNIT	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial	44. WEATHER CONDITIONS CLEAR					
	45. MAKE/MANUFACTURER GLOCK, INC - AU-	46. MODEL 21	47. BARREL LENGTH 4	48. CALIBER/GAUGE 45 CAL							
	49. TASER DART ID NO YSA883	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO R037332S	52. IL FIREARM OWNER ID NO [REDACTED]	53. HANDGUN CERTIFICATE NO.						
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO	56. TYPE OF AMMUNITION USED Department Issued	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 12						
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 13	62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD EMERGENCY RELOAD	65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, CLOSERWAYS, CAR, FURNITURE, ETC) NONE	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input checked="" type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT									
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.										
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
SIGNATURES	73. REPORTING MEMBER (Print Name) LESCH, NICHOLAUS G 15-SEP-2015 03:04:19		STAR/EMPLOYEE NO 13061	SIGNATURE [REDACTED]							
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
	74. REVIEWING SUPERVISOR (Print Name) RYAN, JOHN C	STAR NO 377	SIGNATURE [REDACTED]	DATE REVIEWED 15-SEP-2015	TIME 13:04:17	LOG# 1077146	HY42360	152571668	70. ENTRY NO [REDACTED]		

WEAPON DISCHARGE INCIDENT DNA	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		
			45. MAKE/MANUFACTURER GLOCK, INC.-AU-		46. MODEL 21	47. BARREL LENGTH 4	48. CALIBER/GAUGE 45 CAL		
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TO EVENT NO 1525716608									

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

76 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)  
Offender Hospitalized.

### 76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Nicholaus Lesch #13061 acted in compliance with Department policy. Officer Lesch fired his weapon striking offender HARRINGTON, Pares (IR #1955068) after offender HARRINGTON pointed his weapon at Officer Lesch thus placing him in fear of his life. Log Number 1077146 was issued for this incident. U#15-022.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES  I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1077146 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)  
**ALEXANDER, DANA**

SIGNATURE 

DATE COMPLETED **15-SEP-2015** TIME **03:08:48**

### 79. TOTAL TRRS THIS EVENT No.

1